

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10649480

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
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50						
TOTAL IND.			1		1	
TOTAL DEP.			22		16	
TOTAL CLAIMS			23		17	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						